

# **Publicly-Funded HIV Prevention Counseling and Testing in Texas, 1999- 2000**

A Synopsis of African American Women



## Table of Contents

Highlights.....	3
General Information on Counseling Sessions In Texas 1999-2000 .....	4
Figure 1. Proportion of African American women HIV Prevention Counseled Clients who chose to Counsel-only, and Test in Texas 1999-2000.....	4
Profile of Counseled African American Women: Number of Tests and Number of Positive Tests by Age Group and Testing History .....	5
Figure 2. Age group of African American Women HIV Tested and Tested HIV Positive in Texas 1999-2000.....	5
Figure 3. HIV Testing History of African American Women HIV Tested and Tested HIV Positive in Texas 1999-2000. ....	5
Figure 4. Positivity Rates by Demographic Factors for African American Women HIV Tested in Texas between 1999 and 2000.....	6
Rates of Positivity by Modes of Exposure.....	7
Figure 6. Positivity Rate by Behavioral Category for African American Women HIV Tested in Texas between 1999 and 2000. ....	7
Additional Risk Behaviors Reported by African American women.....	8
Prevention Counseling Clients in 1999.....	8
Table 1. Additional Risk Behaviors Reported by African American Women Prevention Counseling Clients by Behavior category in Texas between 1999 and 2000.....	9
Drugs reported used during sex by African American women Clients Prevention Counseled in Texas .....	9
Table 2. Proportions of African American Women HIV Prevention Counseled in Texas who reported using a specific drug during sex between 1999 and 2000. ....	10
Locations where African American women Access Prevention Counseling.....	10
Table 3. Site Type where African American women Client's were Prevention Counseled in Texas between 1999 and 2000. ....	10
Table 4. Public Health Region (PHR) where African American women were Prevention Counseled in 1999 and 2000 in Texas. ....	11
Counseling Outcome .....	11
Table 5. Counseling Outcome for African American Women HIV Prevention Counseled in Texas between 1999 and 2000. ....	12

## Highlights

- 27,799 African American women were prevention counseled in 1999 and 2000, which accounts for approximately 9% of the publicly funded HIV initial counseling sessions for that time period.
- 96% of clients chose to test for HIV, with 90% of African American women choosing to test confidentially.
- For every 100 tests, there were 1.4 positive tests reported for African American women in 1999 and 2000. For women testing confidentially, the positivity rate was 1.5 positives / 100 tests, compared with 1.2 positives / 100 tests for African American women testing anonymously.
- Nearly 90% of African American women counseled in fall into the high-risk heterosexual risk category (F/MS).
- Positivity rates are similar for IDU and F/MS risk categories, 1.4 positives / 100 tests, but positivity rates are higher, 1.8 positives / 100 tests for African American women who do not disclose risks during counseling sessions.
- The 20-29 year old age group had the largest proportion of tests, while the 30-39 year old group had the highest proportion of positive tests. Generally, positivity rates increased with age for African American women.
- Nearly twice as many African American women prevention counseled reported recent STDs than were reported for all women prevention counseled in Texas. Since a history of STD is associated with greater risk for acquiring HIV, this would suggest that prevention counseling efforts by organizations who serve African American women are relatively effective at providing prevention counseling to women at highest risk.
- The proportion reporting involvement in sex-trade who presented for testing at publicly funded HIV testing sites was 30% higher than reported overall for women. Similar to above, this would indicate good outreach efforts by organizations serving African American women.
- Less than half of African American women IDU indicated they shared injection equipment in the past year. This is significantly lower than observed overall for women in Texas.

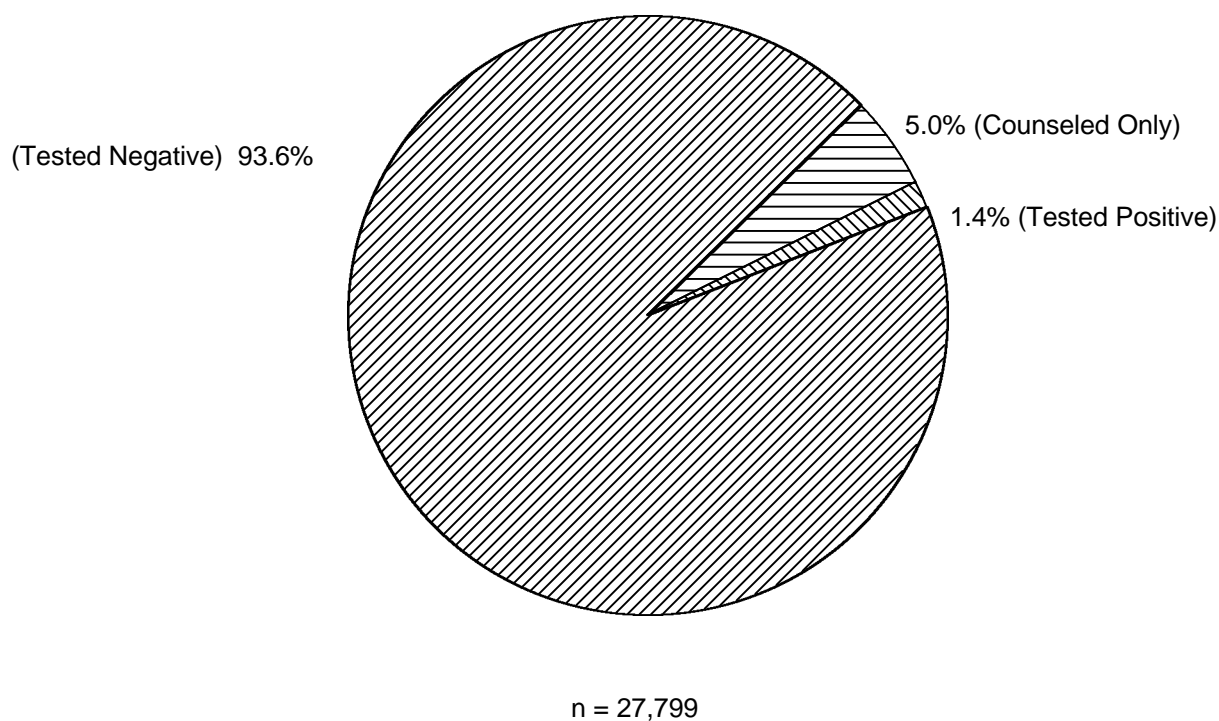
**Introduction:** To effectively prevent transmission of HIV in Texas, prevention planners and providers need to know specific information about the morbidity and risks for HIV transmission in at-risk and traditionally “under-served” populations. Often, when reporting on these risks and morbidity using traditional epidemiological approaches to analysis and categorization, some sub-populations of interest are marginalized, due to the small sample size of the specific high-risk population, or due to comparison of simple case counts with other larger at-risk populations. This report is an effort to examine the demographics and risk behaviors of one of these populations by-itself: African American women. This information was collected by the HIV Prevention Counseling data system implemented on January 1, 1999 and contains information provided by TDH funded contractors for the calendar years 1999 and 2000 and for the City of Houston contractors beginning on April 1, 2000.

**A note about Mode of Exposure:** Mode of exposure is a way of dividing risk behaviors based on the likelihood of transmitting HIV while engaging in that behavior. During HIV counseling sessions, clients discuss the kinds of risk behaviors they have engaged in *during the past year*. The counselor, following the session, marks all appropriate risk behaviors for that client on a Texas HIV Prevention Counseling reporting form. For women, we have collapsed risky behaviors into three mode of exposure categories. Because many clients report more than one risk behavior, clients fall into a mode of exposure based on the riskiness of the behaviors reported. The following mode of exposure categories are listed in order of risk of transmission of HIV, beginning with the riskiest behavior. These modes are: injecting drug user (IDU), risky heterosexual behavior (sex while using non-injection drugs, sex in exchange for drugs or money, a previous STD diagnosis, and sex partner at risk for HIV/AIDS -- F/MS), other exposures not identified above (other) which also includes counseling sessions where the client has declined to provide risk information.

## General Information on Counseling Sessions In Texas 1999-2000

- Of the 27,799 initial counseling sessions for African American women, 26,382 women chose to test for HIV (Figure 1).
- 90% of these HIV tests were performed confidentially (23,703 tests) and 10% were performed anonymously (2,679 tests).
- 388 tests were positive, for a positivity rate of 1.4 positives / 100 tests.
- The number of tests accounts for 13.2% of publicly funded HIV tests, and African American women account for 14.2% of the positive tests reported through publicly funded prevention counseling in Texas.

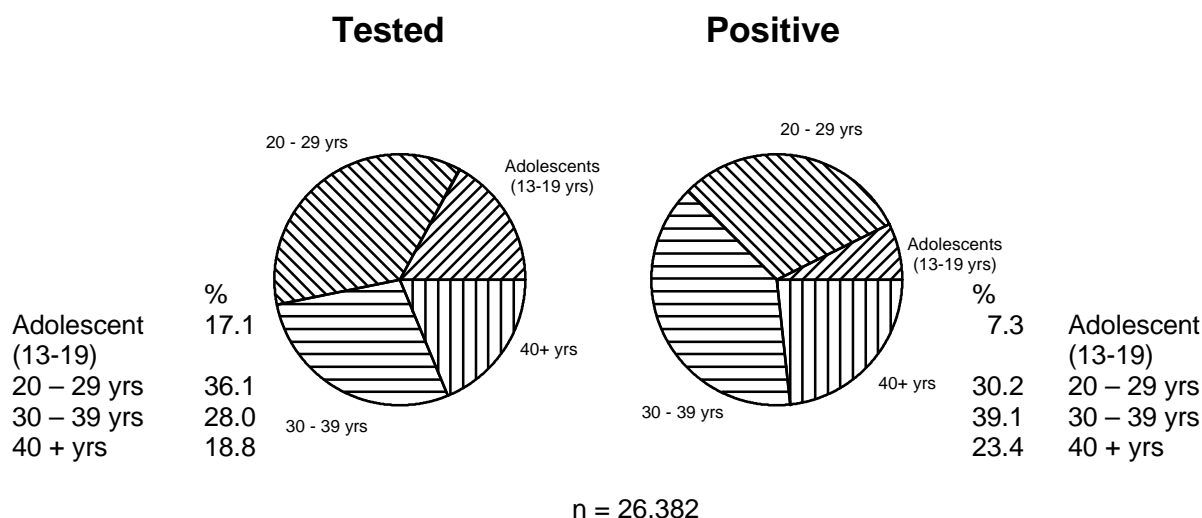
Figure 1. Proportion of African American women HIV Prevention Counseled Clients who chose to Counsel-only, and Test in Texas 1999-2000.



## Profile of Counseled African American Women: Number of Tests and Number of Positive Tests by Age Group and Testing History

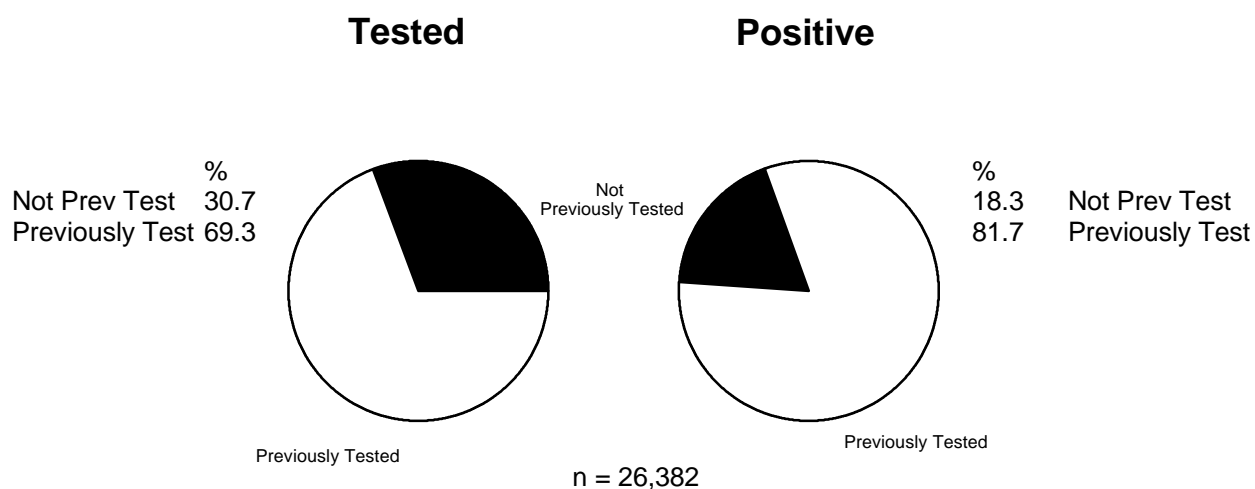
- The 20 –29 yr age group had the highest proportion of tests reported in 1999 (36.1%), while the 30 to 39 yr age group had the largest proportion of positives, 39.1% (Figure 2).

Figure 2. Age group of African American Women HIV Tested and Tested HIV Positive in Texas 1999-2000.



- 70% of the African American women had previously tested, while nearly 82% of the positives have reported previously testing. The proportion of positives who have previously tested, 82%, is slightly greater than the proportion for all women testing in Texas, 79% (Figure 3).

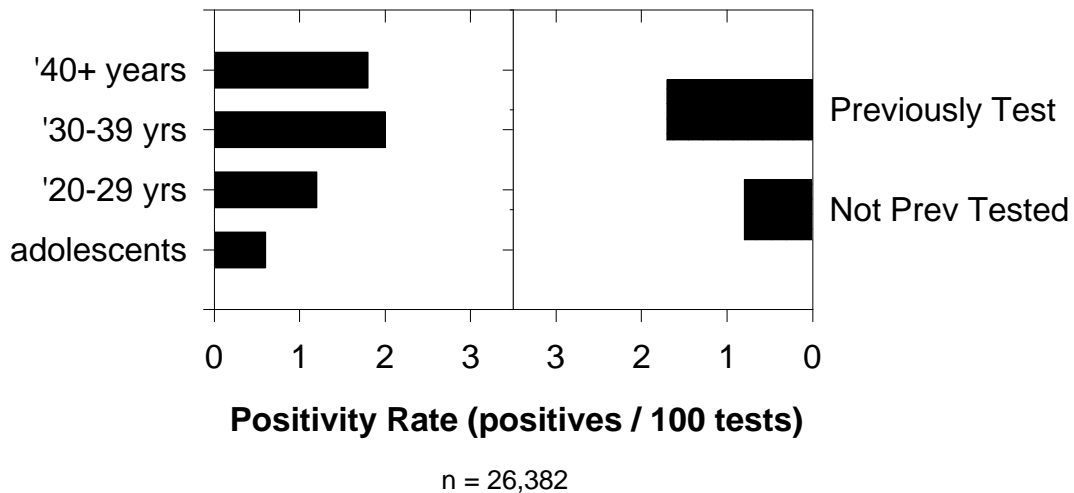
Figure 3. HIV Testing History of African American Women HIV Tested and Tested HIV Positive in Texas 1999-2000.



### Rates of Positivity by Demographics

- The rate of positivity for the African American women, 1.4 positives / 100 tests. In contrast, the positivity rate for women statewide is 0.6 positives / 100 tests. This suggests a significantly greater burden of HIV infection among African American women than in women of other racial/ethnic groups (Figure 4).
- Among age groups, the 20-29 and 30-39 yr age groups had the highest rates, 2.0 and 1.8 positives / 100 tests, respectively. The rate among African American women 20 – 29 yr is almost double that observed statewide for this age group (1.0 positives / 100 tests).
- The positivity rate for those African American women who have tested previously is nearly 1% higher than those who are first time testers, 1.7 and 0.8 positives / 100 tests, respectively. This may indicate that individuals who understand the riskiness of their behavior are testing, but may also indicate a lack of currently measurable behavior change in those individuals.

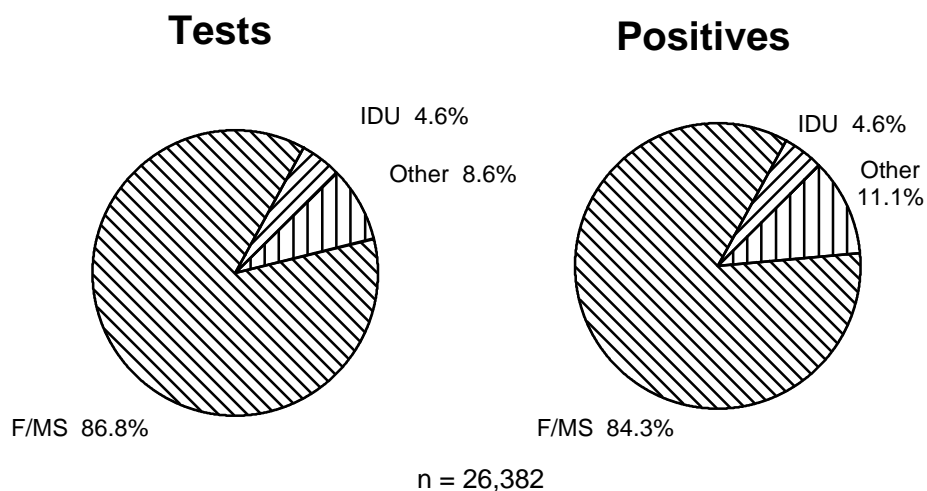
Figure 4. Positivity Rates by Demographic Factors for African American Women HIV Tested in Texas between 1999 and 2000.



### Profile of Individuals Testing and Testing Positive: Behavioral Risk Category

- Among African American women, 87% are F/MS and only 4.6% report IDU activity in the past year. The proportion of African American women who report IDU is almost half the proportion observed for all women counseled in Texas between 1999 and 2000, 10.9% (Figure 5).
- Among F/MS, 3.5% of women reported their sex partner used injection drugs since 1978 and 1.8% had used injection drugs in the past year (data not illustrated).
- 2.3% of African American F/MS women indicated their sex/needle sharing partner tested HIV positive in the previous year.
- Statewide, for women, nearly 19% of the positive tests are for IDU compared with 4.6% in African American women.

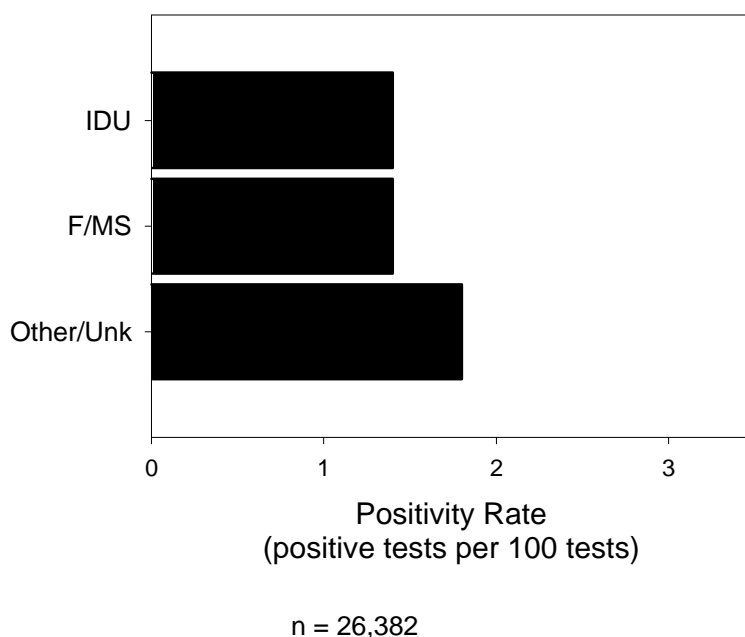
Figure 5. Proportions of HIV Tests and Positive HIV Tests by Behavioral Category for African American Women HIV Tested in Texas between 1999 and 2000.



#### Rates of Positivity by Modes of Exposure

- F/MS and IDU have similar positivity rates (number of positives per 100 tests) in African American women, 1.4 positives / 100 tests, respectively. The rate for women who did not disclose risks in the past year reported had the highest positivity rate, 1.8 positives / 100 tests (Figure 6).
- The positivity rate in IDU and Other risk categories are double those observed statewide for women and the rate in F/MS African American women is nearly three times the rate observed for Texas women in the Other risk category

Figure 6. Positivity Rate by Behavioral Category for African American Women HIV Tested in Texas between 1999 and 2000.



### Additional Risk Behaviors Reported by African American women Prevention Counseling Clients in 1999

- 35% of African American women report never using a condom or barrier for vaginal sex (Table 1).
- Approximately 48% of African American women report never using a barrier for anal sex. This is 15 to 20% greater condom/barrier use than for other women in Texas.
- 54% of IDU and nearly 70% of F/MS reported never using a barrier for oral sex. This is similar barrier use for oral sex reported overall for women in Texas between 1999 and 2000.
- 30% of IDU and 20% of F/MS reported an STD diagnosis in the past year. These proportions are three- and two-times higher, respectively, than reported for all women prevention counseled in Texas, regardless of their racial/ethnic category.
- 43% of IDU and one-third of F/MS prevention counseled African American women clients indicated multiple partners in the past year. This is similar to those proportions reported in all racial/ethnic groups counseled in 1999 and 2000.
- Approximately 35% of African American women indicated their partner was at risk for HIV due to risky behaviors. This is significantly lower than the proportion reported overall for women in Texas, 45%.
- Participation in sex trade, exchanging sex for drugs, money, lodging or food, was four times higher in IDU than F/MS with 38% of IDU prevention counseling clients indicating exchanging sex in the past year. For IDU, this proportion is 30% higher than observed statewide and nearly double the proportion in F/MS women statewide.
- 26% of African American women IDU and over 9% of F/MS African American women reported having sex with a female in the past year. These proportions are similar to those reported by all women HIV prevention counseled in Texas.
- Greater than 91% of IDU and approximately 52% of F/MS African American women prevention counseled clients reported drug use during sex in the past year. These values are similar to those reported for all women prevention counseled in Texas in 1999 and 2000.
- Less than half of the African American women IDU indicated they had shared injection equipment in the past year. This is a significantly lower value than observed in all IDU women, 70%.

Table 1. Additional Risk Behaviors Reported by African American Women Prevention Counseling Clients by Behavior category in Texas between 1999 and 2000.

Risk Behavior	African American Women			Non-African American Women
	IDU	F/MS	ALL	
Sex with male, past year	93.0	100.0	88.3	89.6
Sex with female, past year	25.8	8.6	9.3	9.5
Never using a barrier, oral sex	53.6	70.0	69.1	79.1
Never using a barrier, vaginal sex	32.6	35.7	44.3	47.1
Never using a barrier, anal sex	40.1	48.3	47.7	61.3
STD diagnosis in past year	30.5	19.5	18.4	10.5
Multiple sex/needle partner	43.4	34.4	31.9	34.7
Sex/needle partner at risk	42.8	37.6	34.6	44.8
Sold sex, past year	38.4	8.7	9.3	5.9
Bought sex, past year	11.4	1.6	2.0	1.4
Drug use with sex, past year	91.3	52.5	49.8	47.1
Sharing injection equipment, past year	49.0			69.8*

\*IDU only

#### Drugs reported used during sex by African American women Clients Prevention Counseled in Texas

- Cocaine was the primary drug reported used during sex in the past year for IDU, reported by nearly two-thirds of African American IDU women prevention counseled in 1999 and 2000. This is slightly higher than seen overall for all racial/ethnic categories in IDU women (Table 2).
- Alcohol was the primary drug reported among F/MS, approximately 38% of women reported using alcohol during sex, similar to the proportion reported for all F/MS women.
- In IDU, a comparison of drugs used during sex with IDU women state wide indicates that for African American women, heroin use is significantly lower, 29.7% vs 38.0% for all IDU women prevention counseled in Texas. Similarly, amphetamine use is also lower among IDU African American women, 10.7% vs 29.5% statewide.
- Among F/MS, African American women reported slightly higher cocaine use during sex (17.4%) and marijuana use (23.4%) than reported for all women, 15 and 18% respectively.
- The proportions of clients who use of all other drugs during sex in African American women are similar to those observed statewide.

Table 2. Proportions of African American Women HIV Prevention Counselor in Texas who reported using a specific drug during sex between 1999 and 2000.

	African American Women			Non-African American Women
	IDU	F/MS	ALL	
Heroin	29.7	0.9	2.2	4.9
Cocaine	65.1	17.4	18.1	14.8
Alcohol	59.1	38.1	35.8	37.6
Marijuana	41.6	23.4	22.3	18.4
Amphetamines	10.7	0.9	1.3	6.1
Inhalants	2.9	0.3	0.4	1.4
Other drugs	6.8	1.5	1.6	2.8

### Locations where African American women Access Prevention Counseling

- The primary locations where African American women are access Publicly-funded prevention counseling services are at field locations (20.7%), family planning clinics (19.7%), and corrections settings, 16.6% (Table 3).
- The proportion of African American women who receive HIV prevention counseling services at HIV/CTS testing sites are about half that observed for all women in Texas.

Table 3. Site Type where African American women Client's were Prevention Counselor in Texas between 1999 and 2000.

Site Type	African American Women		Non-African American Women
	Number Counselor	Percent Counselor	Percent Counselor
HIV/CTS Testing Site	3,303	11.9	20.3
STD Clinic	3,129	11.3	12.2
Drug Treatment Facility	3,472	12.5	11.9
Family Planning Clinic	5,490	19.7	14.5
Prenatal/OB Clinic	216	0.8	1.2
TB Clinic	14	0.1	0.1
Primary Health Care Facility	1,034	3.7	3.5
Corrections Setting	4,611	16.6	15.4
Field Visit	5,759	20.7	17.8
Other not identified above	771	2.8	3.1

- The Texas Public Health Regions (PHR) where the highest proportions of African Americans are prevention counselor are PHR 3 and 6, the region containing Dallas and Fort Worth and the region containing Houston and Galveston, respectively (Table 4).
- Most PHR report similar proportions of African American women accessing prevention counseling to the proportion of all African American women in that region, with the exceptions of PHR 3 and 6, which prevention counselor a higher proportion of women than would be expected due to its population size.
- 93% of all African American women prevention counselor in Texas reside in a county where at least half of its population is in an urban area (urban county).

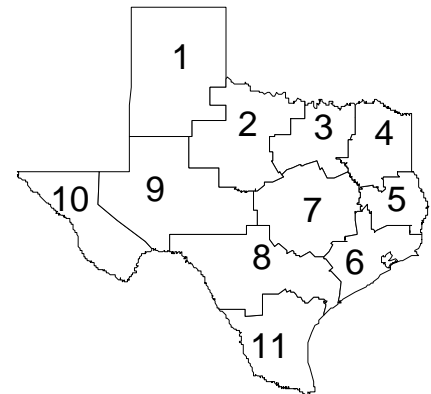
- 3% of urban clients chose to counsel only and not test, while over 10% of clients in counties where greater than half its population is in a rural area (rural county) chose a counseling only option.
- Positivity rates were lower for residents of rural counties, 0.9 positives / 100 tests in rural vs 1.4 positives / 100 tests for residents residing in “urban” counties.
- In PHR 3, 4, 5, 6 and 7, over half of the women living with HIV or AIDS are African American.

Table 4. Public Health Region (PHR) where African American women were Prevention Counseled in 1999 and 2000 in Texas.

PHR	Number Counseled	Share of women counseled who are African American	Share of Women in Region who are African American (Population*)	Share of Living HIV and AIDS cases in Women who are African American**
1	983	3.5	4.8	24.6
2	206	0.7	4.9	41.0
3	6,051	21.8	13.2	58.1
4	1,617	5.8	17.1	56.2
5	2,654	9.5	16.9	66.8
6	10,550	38.0	18.3	68.4
7	4,116	14.8	11.4	53.0
8	804	2.9	5.5	22.3
9	360	1.3	4.2	27.3
10	141	0.5	2.7	9.8
11	248	0.9	1.2	6.0
Texas	27,739	99.8	11.5	57.3

\*EpiGram population data (Texas A&M)

\*\*as of January 23, 2001



### Counseling Outcome

Following the initial and results counseling session, each prevention counselor has the ability to assess the counseling session and indicate whether they feel the client has met CDC guidelines on achieving one of the six basic outcomes outlined below.

- Approximately 74% of African American women leave a counseling session with an improved perception of risk. This is similar to the proportion reported for all women, approximately 77% (Table 5).
- 80% of IDU and F/MS women develop a risk reduction plan as part of their counseling session. Less than 70% of women with no reported risks in the past year develop a risk reduction plan. These proportions are similar to those seen for all women.
- Approximately 77% of IDU and F/MS African American women have an enhanced understanding of the benefits of testing following the counseling session(s). These proportions are similar to those observed for all women prevention counseled in Texas in 1999 and 2000.

- 47% of IDU and F/MS and 37% of Other-risk African American women have an enhanced understanding of the benefits of partner elicitation following prevention counseling. This is similar to statewide proportions.
- Over 40% of IDU African American women and nearly half of African American F/MS women reported an intention to discuss risk behaviors with their partners, a proportion similar to reports for all women.
- 68% of IDU, 62% of F/MS and over half of Other-risk African American women prevention counseled indicated an intention to change their risk behaviors. These are similar to proportions reported for all women prevention counseled in Texas.

Table 5. Counseling Outcome for African American Women HIV Prevention Counseled in Texas between 1999 and 2000.

	IDU	African American Women F/MS	Other	All	Non- African American Women
<i>Proportion of clients who's counselor has reported a specific outcome of the counseling session</i>					
Improved perception of risk	68.5%	74.3%	66.9%	76.1%	76.9%
Risk reduction plan developed	79.2%	79.0%	69.1%	77.0%	76.5%
Enhanced understanding of the benefits of testing	75.6%	77.1%	73.3%	76.6%	76.5%
Enhanced understanding of the benefits of partner elicitation	47.6%	46.6%	37.0%	47.0%	47.3%
Intention to talk with partner about risk activities	40.1%	46.8%	40.0%	47.8%	48.3%
Intention to change behavior	68.3%	61.8%	53.2%	62.1%	62.2%

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